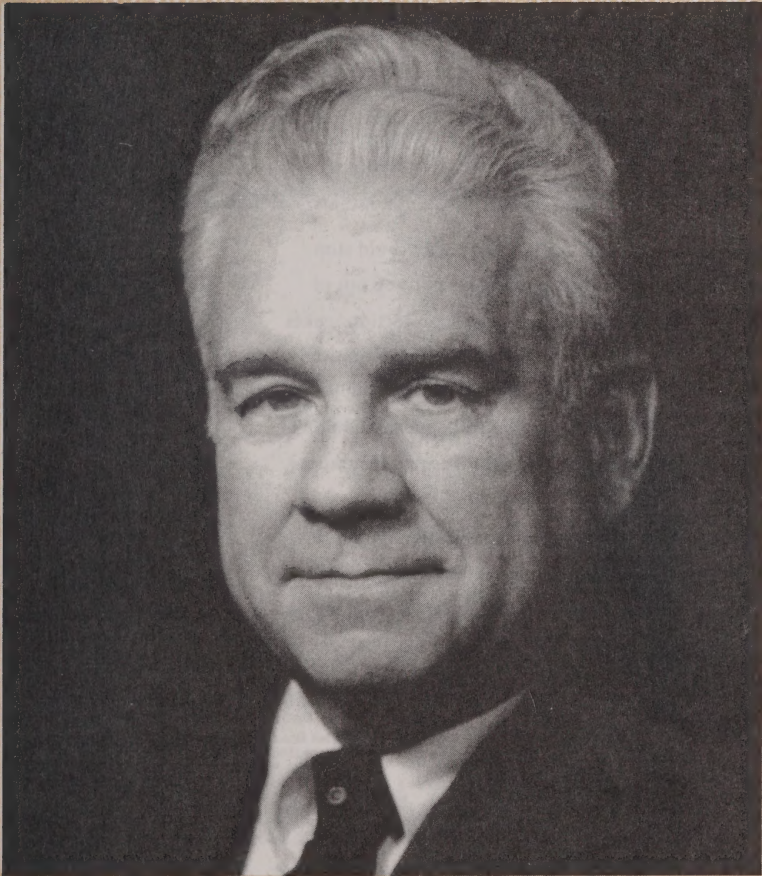


# THE HAMPTDEN HIPPOCRAT

June  
1982



**Percy M. Wadman, M.D.**

*President*

*Massachusetts Medical Society*

*1982 - 1983*

# The smart move today?

## It's disability income insurance

The earnings you take for granted today could stop suddenly should sickness or accident put you out of action. That's why disability income protection makes so much sense. When you're disabled, this insurance goes to work for you providing steady, continuing benefits. So, before the unexpected happens, shouldn't you make your move to Disability Income Insurance?

This plan is  
ENDORSED BY

The  
HAMPDEN DISTRICT  
MEDICAL SOCIETY

As a member of a sponsoring organization, you'll get this coverage at less than an individual policy. For specific information on costs and coverage, contact us.

**CRAIG W. STEWART**

District Supervisor

65 Forest Glen Road, Longmeadow, Ma 01106  
Telephone (413) 567-5774



**LESTER L. BURDICK, INC.**

*Loyalty Group Insurance*

10 POST OFFICE SQUARE, BOSTON, MA 02109

(617) 426-0020



# HAMPDEN DISTRICT MEDICAL SOCIETY

1414 STATE STREET  
SPRINGFIELD, MASS. 01109  
Telephone: 736-0661

**VIVIAN M. PURDY**  
Executive Secretary

**CAROL A DICLEMENTI**  
Office Secretary

## OFFICERS

|                          |                                |
|--------------------------|--------------------------------|
| Garry deN. Hough, III    | President                      |
| Terry D. Ryan            | Vice President-President Elect |
| William W. Walthall, Jr. | Secretary                      |
| John R. S. Remsberg      | Treasurer                      |
| Joseph T. Bagamary       | Assistant Secretary            |

## EXECUTIVE COMMITTEE

|                          |            |                      |
|--------------------------|------------|----------------------|
| Garry deN. Hough, III    | Ex-Officio | Philip B. Stoddard   |
| Terry D. Ryan            | Ex-Officio | John R.S. Remsberg   |
| William W. Walthall, Jr. | Ex-Officio | Bernard Bloom        |
| William J. Baker         | 1983       | Augusto G. Asinas    |
| William J. Dean, Jr.     | 1984       | Vincent A. Guardione |
| Walter J. Pacosa         | 1985       | Paul L. Stagg        |

## CHAIRPERSONS OF COMMITTEES

|                      |                            |
|----------------------|----------------------------|
| Norman Epstein       | Mediation                  |
| Walter J. Pacosa     | Publications               |
| Bernard Bloom        | Public Relations           |
| Terrence M. O'Neill  | Legislative                |
| J. Gordon Rich       | Auxiliary                  |
| Lorne C. Smith       | Insurance                  |
| Lester Frank         | Medico-Legal Affairs       |
| Enzo V. DiGiacomo    | Public Health              |
| Gulabchand K. Shah   | Education and the Library  |
| James D. Allan       | Bylaws                     |
| James G. Fitzpatrick | Medico-Religious Affairs   |
| Paul T. Moore        | Auditing                   |
| Aaron M. Levitt      | Impaired Physicians        |
| Walter F. Tauber     | Tax Supported Medical Care |
| Anthony P. Lovell    | Nominating                 |
| William P. Coen      | Scholarship                |
| J.J. Siragusa, Jr.   | Area Health Planning       |
| Franco Navazio       | Membership                 |

## COUNCILORS

|                          |                      |                          |
|--------------------------|----------------------|--------------------------|
| John C. Ayres            | Ex-Officio           | Allen S. Johnson         |
| Garry deN. Hough, III    | Ex-Officio           | William W. Walthall, Jr. |
| Raymond J. Anton         |                      |                          |
| Augusto G. Asinas        |                      |                          |
| Eugene W. Beauchamp, Jr. |                      |                          |
| Bernard Bloom            | Public Relations     |                          |
| Samuel J. Brendler       |                      |                          |
| Franklyn H. Carrington   |                      |                          |
| Enzo V. DiGiacomo        |                      |                          |
| Kenneth M. Frankel       |                      |                          |
| Lewis G. Lefer           |                      |                          |
| Morton D. Lynn           |                      |                          |
| Richard J. Miller        | Alternate Nominating |                          |
| Paul T. Moore            |                      |                          |
| Franco Navazio           |                      |                          |
| Terrence M. O'Neill      | Legislative          |                          |
| Josefina A. Pangan       |                      |                          |
| D. Sean Restall          |                      |                          |
| George E. Reynolds       |                      |                          |
| J. Gordon Rich           |                      |                          |
| Philip B. Stoddard       | Alternate Executive  |                          |
| Bruce B. Stoler          | Nominating           |                          |
| Walter F. Tauber         |                      |                          |
| Murray Watnick           |                      |                          |
| Harrison D. Willcuts     |                      |                          |

# CONVENIENCE EFFICIENCY SERVICE AT THE HOSPITAL CAMPUS MEDICAL BUILDING

For Mercy Hospital Doctors the HCMB is an ideal location. Compare these with your current situation:

For you and your patients

- "Airwalk" connector to Mercy Hospital
- Easy commuting (just off routes 91, 291)
- Secure, off-street parking
- Quick, convenient access to hospital facilities and specialist. (23 specialist in the HCMB)
- Immediate response to hospital patient emergencies
- Fully accessible to handicapped persons
- Pharmacy, optometrist, prosthetics firm and accounting firm on the premises.
- On the bus line

It's the next best thing to having an office in the hospital. Your patient load can increase (virtually every HCMB doctor's has) with fewer hours and less running around. You'll save time and (your) energy.

For leasing information on this modern new building contact...

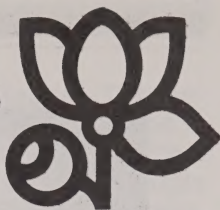
**Larry Tully**  
**(413) 536-8048**



JUNE 1982

VOL. XXXX NO. 6

## Contents



The official bulletin  
for The Hampden District  
of the Massachusetts  
Medical Society.  
Founded in 1942 by  
Edward P. Bagg, Jr., M.D. and  
William A.R. Chapin, M.D.

### PAST EDITORS

MAX MILLMAN, M.D.

JOHN C. AYRES, M.D.

WALTON E. STEVENS, M.D.

### CURRENT BOARD

#### OF EDITORS

#### MANAGING EDITOR

VIVIAN M. PURDY

### ASSOCIATE EDITORS

RONALD K. BURKE, M.D.

JOHN J. FLAHERTY, M.D.

E. DEBORAH GILMAN, M.D.

CARL W. JANOVSKY, M.D.

ALONZO D. SHEFFIELD, M.D.

ROCCO A. VERRILLI, M.D.

JOHN J. ZADWORY, M.D.

### PUBLICATIONS COMMITTEE

#### CHAIRMAN

Walter J. Pacosa, M.D.

E. Deborah Gilman, M.D.

Victoria L. Levander, M.D.

Alonzo D. Sheffield, M.D.

Mrs. Richard J. Miller, Auxiliary

### ADVERTISING AND BUSINESS MANAGER

Patricia Allard  
543-1418

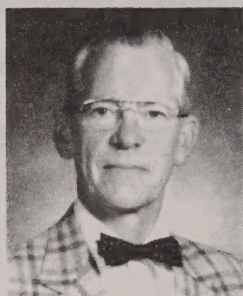
|                                                                          |    |
|--------------------------------------------------------------------------|----|
| President's Page .....                                                   | 6  |
| Changing Environment .....                                               | 8  |
| Continuing Medical Education .....                                       | 11 |
| A Society in Transition .....                                            | 12 |
| Medical Services of Hampden County Jail<br>and House of Correction ..... | 14 |
| Auxiliary Annual Report .....                                            | 23 |
| Medicaid Crossroads .....                                                | 26 |
| New Members .....                                                        | 27 |
| Who Should Balance Out Your Pegboard<br>Each Day? .....                  | 29 |

THE HAMPDEN HIPPOCRAT IS PUBLISHED MONTHLY EXCEPT FOR JULY AND AUGUST.

THE OPINIONS EXPRESSED IN THIS BULLETIN ARE THOSE OF THE WRITERS AND DO NOT REFLECT THE OFFICIAL VIEWPOINT OF THE HAMPDEN DISTRICT MEDICAL SOCIETY UNLESS SO STATED.

ALL COMMUNICATIONS SHOULD BE ADDRESSED TO VIVIAN M. PURDY, HAMPDEN DISTRICT MEDICAL SOCIETY, 1414 STATE ST., SPRINGFIELD, MASS. 01109; TELEPHONE: 736-0661.

TO BE ASSURED OF UNINTERRUPTED DELIVERY OF THE HAMPDEN HIPPOCRAT, NOTIFY US IN ADVANCE OF AN ADDRESS CHANGE AND INCLUDE YOUR ZIP CODE NUMBER.



Garry deN. Hough, III, M.D.  
President

## PRESIDENT'S PAGE MEMBERSHIP

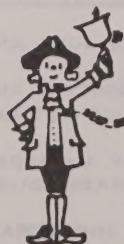
The heart of any organization is its membership. There are 600 members of HDMS, of whom 476 are paying members. There are 10,140 members of MMS, 8,673 paying full dues. Bicentennial research has reminded us that medical society membership was once an honor, earned only by a few outstanding physicians who devoted their time and efforts to self improvement for better patient service. The gradual proliferation of specialty societies has proved more proficient at meeting the need for continuing medical education of an increasingly focussed nature. HDMS, MMS, and the AMA have progressively specialized in reacting to socio-economic and political problems besetting all physicians and their patients.

We all understand the need for constant education. Specialty society membership is increasing.

We do not all understand the social environmental forces impinging on us. HDMS membership is poor. 125 physicians in the district are not members. 12 have resigned this year and 27 others have not yet paid their dues and will shortly be expelled.

Many of these do not agree with one or more society actions or positions. They have thrown out the baby with the bath water. What better place is there to inform other doctors of our opinions than in the medical society? Disagreement is the beginning of progress.

Car Phones . . . . Answering Service . . . . Pocket Pagers



### MESSAGE CENTER

1401 STATE STREET  
SPRINGFIELD, MA

781-1149 Springfield, MA  
781-1908 Hartford, CT

The cost of membership, like everything else, is going up. The current package of district and state dues, which cannot be separated is \$380. Is this cost effective? At the local level, a member supports a superb medical library, operates a central office that makes referrals for patients needing physicians, responds to queries from the press, interacts with the business community, prepares this publication sends newsletters, plans committee meetings and district meetings and the list goes on. He provides scholarships for nurses and medical students. He has assistance in resolving (and preventing) disputes with lawyers, insurance companies, patients, and other physicians. He has input to the vital areas of area health planning, tax supported medical care, and legislation and he can even get help from his peers in case of personal impairment. Where else is all this available for only \$160.

At the state level, the physician obtains part ownership of the New England Journal of Medicine, the most prestigious medical journal of the day. He gains membership in the Countway Library. He gets information on the hundreds of health related bills filed in the legislature each year. He can get his CME credits approved for state licensure and he gets the services of the most resourceful and hardest working staff I have seen in some time.

For example, MMS filed 14 bills in the state legislature **this year**. At the moment, the Medicaid cap is **not** in the state under current consideration. This will allow negotiation with DPW for decent Medicaid rates, previously prohibited by law. Our opposition to the Blues is extending to the legislative as well as the legal arena. The proper role of nurse practitioners and physicians' assistants is being developed. Last month the Professional Liability Committee brought in a new carrier for excess liability at 30 % below the previous rates and with the possibility of retrospective coverage. These are not accidents. They are the result of hard work.

Do we need organized medicine? We can't get along without it. Is it worth \$380 a year? It's cheap at the price. And it could be cheaper. Each new member you obtain decreases **your** dues. Enrolling all Hampden non-members would cut the district dues 20%. Of course, it would be nice if you would attend meetings and serve on committees, but the first step is being a member. You will profit from it and so will your patients. □

Garry deN. Hough, III, M.D.  
President

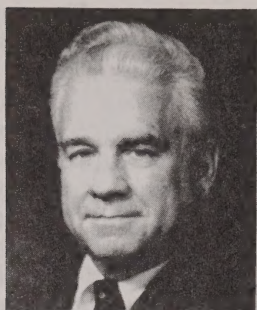
**PROFESSIONALS** enjoy buying and selling  
real estate through **PRESTIGE REALTY.**

Bernard W. Schorr

Elsie B. Halperin

Anne Naroff

**REALTORS**



## CHANGING ENVIRONMENT

On May 19, 1982, I assume the position as President of the Massachusetts Medical Society, a position which I regard as both a great honor and a great responsibility. Outgoing President Stanley M. Wyman has completed a distinguished year and has left the Society in a much improved position, ready to move forward in a number of areas of critical importance to our members. It is my intention and my resolve to build on what has been accomplished and move the Society forward as quickly as possible in the directions now established. We face a swiftly changing environment; strong and flexible leadership is essential, beginning with the President, but carrying through to the Committee on Administration, the Advisory Committee, the Executive Board, and the full Council.

The initiatives which I plan to pursue include the following:

### **An expanded legislative effort.**

Nothing we face as a Society is as important as the legislative changes which are proposed each year, including those the Society introduces. This year, 1982, we have had an unprecedented influence on Beacon Hill. A primary objective of my Presidency will be to further strengthen this legislative capability.

### **Improved communications with the media, our members, and the public.**

The creation of an in-house communications department has dramatically improved Society public relations. Nonetheless, it is only

— 63RD ANNIVERSARY YEAR —

## **TOROS OMARTIAN & SON, INC.**

*We Buy and Sell* **ORIENTAL RUGS**

**286 Bridge Street**

**Tel. 736-1531**

**Open Thurs. till 9:00 P.M.**

**FREE PARKING VALIDATED**

a start, and much can be done to build on the positive image of the Medical Society that has emerged in 1982.

**Improved modern management techniques.**

Medical societies across the nation, including the American Medical Association, have incorporated techniques of modern business management with tremendous positive returns. The Massachusetts Medical Society has begun to institute such techniques, and I shall continue to encourage adoption of relevant business principles, including modern financial management, prudent use of computers and office automation, and other techniques designed to allow the Society to compete with other health care organizations with whom we share overlapping interests. In line with these thoughts, I plan to strengthen the Society headquarters staff, particularly by emphasizing the role of the Executive Vice-President. Only through strong, fulltime leadership, supported by the officers, can the Society realize its full potential.

**Improved communications with district societies.**

An often-voiced complaint has been the decision-making of Society leadership without adequate inclusion of district societies. I plan to hold regular meetings with district presidents, beginning in June. Every concern felt at the district level will have an avenue for expression to state officers and will receive immediate attention.

# When EF Hutton talks, people listen.

**Donald A. Nadeau**

Branch Manager  
Vice President

**EF Hutton**

E. F. Hutton & Company Inc.

1391 Main Street, Suite 712  
Springfield, MA 01103  
Tel. (413) 737-2686

### Pursuit of the "Blue suit."

I pledge full support for the anti-trust suit against Blue Cross/Blue Shield. My support is enthusiastic and stems from the merit of our position, the outstanding quality of effort evidenced by our attorneys, Choate, Hall & Stewart, as well as the cap they have agreed to for all further expenditures on the litigation — \$500,000.

As I am sure you are aware, we have already spent over \$1 million on this litigation. We currently await Judge Caffrey's decision on a recent and most important Federal court hearing.

Lest my message grow too long, and since I have many objectives for my Presidency, let me just list other accomplishments which I have in mind for 1982-1983:

- strengthening of the Society committee structure
- besting the record of President Stanley M. Wyman of recruiting 1,000 plus new members in this year as President
- successfully shepherding the Society's move into their new building in Waltham
- becoming active in the cost-containment activities of "business coalitions"
- improving the meaningful involvement of women, residents, and students in Society affairs (I have already begun this initiative through committee appointments.)
- reexamining the role of Society sections vis a vis the interspeciality committee
- reexamining and revising the Society Bylaws with the objectives of making them:
  - 1) internally consistent
  - 2) in-step with progressive management principles and efficient society functioning
- continuing improvement in the profitability and expansion of our prestigious publication, **The New England Journal of Medicine**

The Massachusetts Medical Society is a unique organization with a potential to lead the nation in scientific medical literature, socio-economic progress, and general leadership for the medical profession. I accept and assume the position as President with the grand hope of improving our contributions in all these areas and the humble realization of the big task such ambitions entail. ☐

PERCY M. WADMAN, M.D.  
President, Massachusetts Medical Society

## C.M.E.

At its meeting today, the committee on Medical Education discussed the history of the development of a requirement for membership in the state society, of 150 hours of continuing medical education within a three year period.

The initial reasons for this requirement, which was voted by the Council in 1976, continue to be germane. Regulations promulgated by the Massachusetts Board of Registration in Medicine will continue to expect anyone who is a member in good standing in the Massachusetts Medical Society to have fulfilled the Society's continuing medical education requirement. The public image of the Society, as well as the credibility of the standards of physicians who are members of the Society, will come under close scrutiny and criticism should there be any change in the continuing medical education requirement for membership.

Therefore, the Committee on Medical Education, with a quorum present, voted unanimously to sustain the current continuing medical education requirement.

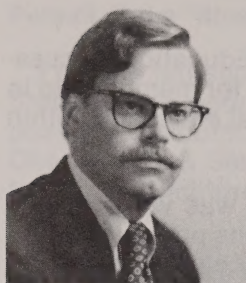
The committee recommends that the following process be instituted when a physician member of the Society has failed to report to meet the continuing medical education requirement at the end of a three year period:

- 1) After a grace period of one month, a letter will be sent notifying the member that his continuing medical education status is now in default. The member will be requested to reply within 30 days, indicating his current plans for meeting the requirements for continuing membership in the Society.
- 2) If there is no reply, after 60 days, the member is to be sent a pre-suspension letter.
- 3) One month later, the member will receive a letter stating that his suspension is being recommended to the President.
- 4) After another 60 days, if the suspended member has made no effort to meet the continuing medical education requirement, his name will be recommended to the President for receipt of a termination letter.

This general process must be approved by the Executive Board. Since the board recommended reconsideration, by the Council, of the basic CME requirement for membership, such approval should be contingent on reaffirmation of the requirement by the Council on May 12, 1982.

Passed by Council—May 12, 1982.





## A Society In Transition

Now in its 201st year of existence, the Massachusetts Medical Society is in a period of transition. The society has a proud history of many accomplishments, but times are changing quickly, and the Society must itself change in order to respond effectively in meeting members' expectations as well as those of the public.

In times past, physicians in Massachusetts found it essential to belong to the Society; today, many do not. Of the approximately 16,000 physicians in the state, only 8,500 are Society members. The average age of members is 58, and less than one-third of women physicians in the state are members. Obviously, to remain a viable organization, the Society must provide services which attract half physicians, including young physicians and women. The latter observation is particularly relevant if one considers the increasing percent of medical school graduates who are women.

In order to provide better services to members, a number of changes are underway at headquarters. They include:

- computerization of membership files to allow quicker and more effective communication
- consolidation of Society and New England Journal of Medicine fiscal departments to provide computer analysis and better fiscal management of Society monies
- a substantially improved legislative capability which is beginning to pay off on Beacon Hill (Of fourteen bills introduced by the Society this legislative session, nine have received favorable action by committee as of May 1. In addition, the Society has effectively killed S. 711, the Blue Cross/Blue Shield merger bill.)
- an in-house communications department which has resulted in favorable coverage this year by the media, including newspapers, radio, and television
- an in-house legal department, subject to council approval, which will provide the Society with full time legal services at less cost than is currently available from outside firms (Outside firms will, of course,

still be necessary for specialized work, such as litigation.)

- new member services which are planned, such as risk management seminars aimed at reducing malpractice liability, improved excess liability insurance available to members, and an improved collection service for members.

- new headquarters in Waltham; A 63,000 square-foot building is under construction with a completion date at the end of 1982. Conveniently located near Route 128, the building will have adequate parking and can accommodate all Society meetings save for Council meetings.

A recent leadership conference was held by the Executive Board at the Endicott House in Dedham. With the assistance of an outside consultant, the Board developed goals and strategies to assist the Society in coping with today's environment. One of the conclusions reached during the meeting was that too much energy was being devoted to internal Society squabbling. Everyone at the meeting seemed to recognize that this energy could more profitably be directed toward external forces which are potentially damaging to physicians and to the public.

Perhaps as important as any specific initiative currently being pursued by the Society is this concept of a unified and strong Society. I will do everything I can as Executive Vice-President to further a united and effective Society working for its members and in the public interest. □

WILLIAM B. MUNIER, M.D.

## **BayState Service & Systems Inc.**

**50 Elm St. - Suite 2 - West Springfield, Ma.**

***Consulting Services  
for Professional Offices***

**MEDICAL • LEGAL • GENERAL BUSINESS**

**Inquiries Invited — 413-737-6873**

# MEDICAL SERVICES OF THE HAMPDEN COUNTY JAIL AND HOUSE OF CORRECTION

## INTRODUCTION

In January 1975, Sheff Michael J. Ashe, Jr. was sworn into office. He proposed to maintain a secure facility, to upgrade institutional services, to establish on-going relationships with the area community, to implement a Human Services Program, and to be accountable to the Hampden County Public. Included in the new administration's plan was physical renovation of the then 86 year old structure.

The broad commitment was to change the Hampden County Jail and House of Correction from a human warehouse to a modern facility and to develop programs consistent with advanced practices of correction.

An integral element of the institution's proper functioning is its ability to provide primary health care services for its residents.

Prison health care problems are numerous and diverse. They can be classified as: pre-existing health problems, or problems arising during or from incarceration.

Pre-existing health problems include alcoholism, drug addiction, allergies, emotional or character disorders, chronic conditions such as diabetes and epilepsy, and other illnesses or injuries existing at the time or from incarceration.

Problems arising during incarceration can run the gamut of health/illness problems; alcohol or drug withdrawal symptoms, injuries related to learning new skills, recreation activities, diarrhea, appendicitis, or problems related to social isolation.

The Ashe Administration committed itself to provide a level of health care in the broadest view of the concept and to do this beyond minimum standards and in a way that reflected the enlightened view of corrections.

## GENERAL HISTORY

### Environmental Aspects/Physical Design

The existing building at Hampden County Jail and House of Corrections were constructed in 1889, primarily as a warehouse, to isolate the public offender from the community. Architecturally and functionally, the facility reflected the correctional philosophy of its construction period: rehabilitation of the public offender could be achieved by long hours of solitary contemplation, social isolation, and subsequent pledges of behavior reform.

The institution has a four tiered main cell block with 200 cells, most-

ly single measuring six feet by ten feet, and a four tiered west cell block with 35 cells. A female dormitory section can accommodate 12 to 15 inmates.

Up to 1977, the buildings remained unchanged, in spite of changing attitudes in corrections based on the inception and growth of social, behavioral and health science programs and community resources.

It has been the task and goal of the Ashe administration to bring the Hampden County Jail and House of Corrections into the twentieth century.

#### Renovation of the Institution

Because of the financial burden that construction of a new correctional facility would mean to the Hampden County taxpayers, this alternative was never seriously considered by Sheriff Ashe.

Instead, he obtained commitments for federal revenue-sharing funds and developed and then implemented a major renovation plan.

Renovation of the west cell block (53 cells) was completed in 1977. This area is used to house inmates in the pre-trial phase. This area is separate from the main cell block and provides the person with privacy and contact with the community and world by the televisions that were installed as part of the renovation of this area.

Plans for renovation of the main cell block have been made and the anticipated completion date is projected for 1981.

#### Womens Section

Since 1975, the women's section of the jail has undergone extensive and significant renovation that provides a more humane environment for both detainees and sentenced women. Two separate areas exist for women. The lower level area is designed for living and social interaction, and the upper area is for sleep and privacy. Each woman having an area of her own for sleep and clothes storage.

Decorating the interior with new flooring and ceiling, purchasing new beds and televisions, adding ventilation, air conditioning, life support systems, new plumbing, electrical wiring, and heating systems were all part of the renovations in the women's section.

*Need a New Doctor in Your Office?*    **CALL BOB DOYLE**

**YOUR LOCAL MEDICAL & DENTAL RECRUITER**

**The Robert B. Doyle Agency**

**Robert B. Doyle, President**

**95 State Street • Suite 511 • Springfield, MA 01103**

**785-1659**

**PRACTICE APPRAISALS**

**PRACTICE SALES**

# HEALTH SERVICES DEPARTMENT

## Background and Beginnings

The commitment to improve the medical services at the Hampden County Jail and House of Correction was made in February, 1975 when Sheriff Michael J. Ashe, Jr. established a Department of Health Services and the institution. This began the process of upgrading the inmates' medical care, improving the medical facilities, and employing trained technicians, all measures consistent with the standards prepared by the Commission of Accreditation for Corrections as adopted by the American Medical Association's standards for health care services.

Prior to January, 1975, the medical services at the Hampden County correctional institution consisted of one hour, week-day visits by a physician during which inmates could be examined on a "sick call" basis. A number of deficiencies existed, including the absence of medical records, first aid training, a medical staff, an infirmary, and a general inattention to medical care.

Coincidental with the establishment of the Health Services Department in February, 1975, Sheriff Ashe named a director of health services and expanded the physician's role in health care.

The initial actions of the Health Services director were to identify the prevalent medical problems and to establish working relationships with area hospitals.

In the next two years, the Health Services Department increased its staff by the addition of two registered nurses and began delivering necessary medical services, including emergency medical treatment, inpatient services and diagnostic services at community hospitals, an agreement with the Massachusetts Public Health Department to screen inmates for communicable diseases, and an effective arrangement with state hospitals for commitment of inmates with psychiatric problems.

Currently, the Health Services Department is providing the following medical services:

1. Intake medical evaluation assessment examination is conducted usually within forty-eight (48) hours after arrival unless, at the time of being processed there exists or is expressed an obvious medical or emotional problem. Then the individual is referred to the medical staff immediately.
2. Screening, through urine specimens, for intoxicated conditions resulting from use of alcohol, drugs, and/or chemicals.
3. Physical examinations on all newly sentenced inmates are usually conducted within four (4) to six (6) days of arrival.
4. Screening for communicable diseases such as syphilis or

tuberculosis usually take place within five (5) days to ten (10) days of arrival.

5. Daily sick call is available to all populations. The individual is seen and evaluated by a member of the medical staff, referral is made to the physician if necessary.
6. Dental services are provided, when necessary for all the population, (sentenced and pre-trial).
7. Physician referrals from sick call are seen later in the day and if any follow-up diagnostic procedures are necessary they are arranged by the medical staff.
8. The medical staff also conducts what ever general nursing duties are necessary.
9. Presently, all inmates with or without medical problems, are housed in their respective cells because their exists no specific area with proper supervision for housing medical problems.
10. Three physicians provide medical services each weekday for one hour, and one physician is on call for emergencies 24 hours a day.
11. The Visiting Nurses Association provides weekday care to the institution's female population.

There was recognition that medical services were still lacking and to remedy this, and to comply with the national and state minimum standards for correctional facilities, Sheriff Ashe asked the Crime and Justice Foundation to analyze the institution's medical practices.

This analysis indicated that:

1. The institution does not provide the necessary dental or psychiatric services.
2. Present medical room, 119 square feet, is too small for needs and is unacceptable for treatment. Lack of infirmary area and beds. Also present quarantine room is uninhabitable by present standards.
3. Lack of health evaluation of each new inmate immediately

**Picot's Place**  
ROMANTIC FRENCH DINING  
Open for Dinner  
Tuesday — Saturday from 6 P.M.  
Reservations Please  
Village of Hampden, Mass.  
**(413) 566-3034**  
Visa — MC — Amex.

**MARY LYON  
NURSING HOME**  
Hampden  
Massachusetts  
  
**MEDICARE APPROVED**  
  
Phone: 566-3431  
566-3426

upon arrival and before the individual enters the institution's general population--lack of staff and facilities for compliance.

4. Lack of adequate medical records-storage system.
5. Lack of infirmary area for housing and providing convalescent or chronic care.
6. Uninhabitable separate living units for inmates with emotional crisis situations.
7. Lack of separate housing for inmates who are severely psychotic and are awaiting transfer to a state hospital.
8. Lack of adequate housing and treatment plans for inmates requiring close medical supervision.
9. Lack of facilities to provide in house essential dental services.
10. Lack of appropriate housing units for the isolation of inmates with infection or communicable diseases.

A grant was written and submitted to the Law Enforcement Assistance Administration. This grant requested \$158,000 to pay for construction and equipment to establish a Health Services Center in a separate area of the institution. This fully-equipped and adequately spaced area would provide a full dispensary, a full-service dental area, five individual cells, and other amenities consistent with primary medical, dental, and health care, and the advanced practices in corrections.

The benefits were described thusly:

1. Reduced expenses in having to take inmates out of the institution for certain services.
2. Broader range of necessary primary services.

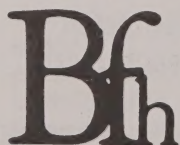


**Merrill Lynch**  
Abreed apart.

69 Market Street

Springfield, MA 01103

785-4100



**byron's funeral home, inc.**  
Ernest A. Byron, jr., president  
736-5413

post office box 278  
"highland station"

684 state street  
springfield, mass. 01109  
1858 allen street 01118

3. Effective medical treatment plans can be accomplished.
4. Immediate care of illnesses without hazards and delays.
5. More effective control over diagnosing, treatment, and control of communicable diseases.
6. By providing this essential quality health service will enable us to respond more effectively and control crisis situations.
7. By providing the primary medical and health care services will reduce the current intent of some inmates legal litigations individually or as a class action claiming lack of such proper care.
8. Centralized location for all medical records.

The grant was provided by the LEAA and architectural preparations are presently under way.

A tentative schedule called for construction on the new Health Services Center to begin in September, 1979 and to be completed in April, 1980.

In October, 1979, the four correctional institutions in Western Massachusetts concluded an arrangement with the Western Massachusetts Hospital in Westfield which provides a wide range of medical services for inmates of these four institutions. These services are available through the Hospital's Outpatient Department.

Last Fall, complete physical examinations for the staff of the Hampden County Jail and House of Correction were started. These examinations will be mandatory for all new personnel hired for permanent positions.

## S.T.A.R.T. Physical Therapy

The Physical Therapist is an important member of the medical team. For those who suffer from painful muscles and bone problems, freedom from pain is an elusive light at the end of the tunnel. Drugs may provide relief from symptoms, but they usually do not attack the cause and may become addictive. Surgery, while appropriate in some cases, is too often a last resort that fails. What is a person to do?

Fortunately, many people have found relief from debilitating pain through safe, natural, Physical Therapy.

Working through a Physician's referral, the Physical Therapist can very often spare patients the trauma of surgery or the blank euphoria of drug dependence. For the post-operative patient, the Physical Therapist is the link in the health care team that speeds successful recovery. For the sports enthusiast, a Physical Therapist can decrease recovery time from injuries and rehabilitate the athletes for their respective activity.

If you feel Physical Therapy may help you, check with your Physician. Most health care insurances cover Physical Therapy services.

91 School Street • Springfield, MA • Tel. 788-6195



## Dine in Relaxed Elegance

Always a different and delicious menu to enjoy in pleasant comfort. Serving daily from eleven-thirty AM to midnight.

### THE LOG CABIN

Easthampton Road, Route 141

HOLYOKE

536-7700

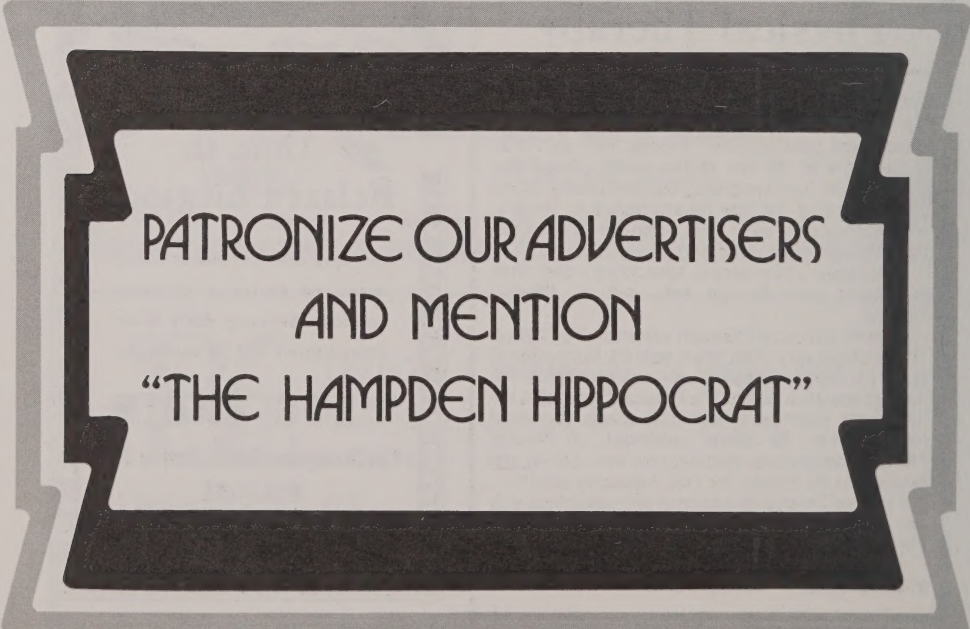
A technician from the local Department of Public Health has been employed to acquaint the institution's health and safety officer with basic information concerning conditions constituting health and safety hazards.

### Physician's Services

To improve the medical care to the inmates regular coverage by qualified physicians was needed. Previous physician coverage presented difficulty because of the private practice demands on a physician. Thus, scheduling regular physicians' visits to the institution were virtually impossible.

The solution was to obtain the services of a team of physicians.

Currently three physicians provide the institution with qualified medical care on a regular basis. These physicians are Primary Care/Emergency Care providers at Baystate Medical Center and Wesson Campus Ambulatory Care Service. Because they have planned work schedules at the Wesson Campus, their schedules for sick call visits at the jail can be included as part of their work schedule. Daily visits by one of the physicians provides consistency and continuity of care for the inmate. This represents quality primary health care because the physicians and inmate get to know each other. A second opinion regarding the patient's medical problem is readily available with the physician group. In the event of a services emergency, the Wesson Campus of Baystate Medical Center is close (less than one mile) to the Hampden County Jail and House of Correction.



PATRONIZE OUR ADVERTISERS  
AND MENTION  
"THE HAMPDEN HIPPOCRAT"

# HUMAN SERVICES PROGRAMS

The administration of Sheriff Ashe has developed a number of human services programs which have gained an important place in the functioning and the history of the Hampden County Jail and House of Correction.

Principal among these is an educational and vocational skills program.

Recognizing that the inmates at the institution represent the young adult population 21 years old and 85% of the population lack marketable skills at the time of incarceration, any education-vocational program has been developed covering everything from remedial education to GED, and offering vocational clusters.

Last year, 94 jobs were provided for the 105 inmates, discharged from the institution, who participated in this program. The unique aspect of this vocational-educational program is that it is not isolated from the community, but works in collaboration with the Hampden County Skills Center (The Jail program is actually a satellite of the Hampden County Skills Center).

No other education-vocational program like this exists in the state. What is unique, to emphasize again, is that this program at the Hampden County Jail provides important ties to the area community.

A second Human Services Program is directed to Pre-employment Training. This is an adjunct of the Skills Center. It is a six week program to help the inmate get job ready and to influence his attitude toward work.

This program focuses on three areas: 1. self awareness; 2. job readiness in order to get employment; 3. placement on-job training.

This program stresses understanding one's self and the need to get along with others; it makes for a good working atmosphere wherever the inmate may work.

About 40 or 50 volunteers from area business concerns are involved in presenting this six week program.

A graduation ceremony is held, and certificates are awarded to each inmate who completes the cycle.

A third Human Services Program functions in the Pre-Release Center. The third year funding for this program started with an \$80,000 grant from the Law Enforcement Assistance Administration.

This Pre-Release Center is located in the Sheriff's house and

**TENORMIN  
NOLVADEX TABLETS  
MYLANTA LIQUID  
Frank Bobbin  
Stuart Pharmaceutical**

**KING'S PHARMACY  
Ethel K. King, Manager  
20 GROVE STREET  
CHICOPEE FALLS — 592-1651**

generally works with a population of 15 or 16 inmates. The program affects about 200 inmates annually who work in the community for six or eight weeks before their release from the institution.

Last year, this center accounted for \$6,000. This is the amount of money returned by Pre-Release Center inmates, at the rate of \$4.00 per day, for their board.

The Pre-Release Center is a symbolical link to our area community and continues the concept of maintaining close ties to the community.

It should be noted that the recidivism rate for people who have taken advantage of the educational-vocational opportunities as well as lived in the institution's Pre-Release Center is 14 to 15 percent. To the area community, this low recidivism rate means that our streets are safer, crime has been reduced, and inmates are making a contribution rather than being a continuing financial burden on the taxpayers.

Associated with the Pre-Release Center is an After-Care Unit. This project is funded by the United Way. These funds provide for three staff members to "follow" inmates back to their families and the community for up to four months after their release from the institution.

The After-Care Unit is located in the Sheriff's house. It provides a safety valve for inmates who fall upon hard times, so to speak, in their jobs, in living conditions, or in any areas in which they may have problems. □

Terry A Aberdale  
Director of Medical Services

# RUGS

ORIENTAL

## MARKARIAN & MARKARIAN

EST. 1895

We buy & sell  
Oriental Rugs

472 BRIDGE STREET  
at Apremont Triangle  
SPRINGFIELD — 737-1227

**ANTIQU** and  
**SEMI-ANTIQU** RUGS

**AUTHENTIC**  
**OIL PAINTINGS**

**INDIAN** and  
**CHINESE** RUGS

# AUXILIARY ANNUAL REPORT

Spring is the time of year to review, to take inventory of the Auxiliary's response to the needs of its members and to the expectations of the community. By taking an introspective glimpse at what we have done and the significance of these activities, we will be better able to determine future opportunities.

The year has abounded with varied activities supported and sustained by willing, loyal members whose superb spirit and trust in their abilities was the hallmark of the year. Realizing the complexities and limitations of the framework within which we must function, progress was made through understanding and cooperation. True assertiveness involves meeting one's own needs while acknowledging and respecting those of others. Working with various groups in the auxiliary, I observed assertiveness at its finest. Through this interaction, our members enjoyed individualized dynamic programming and came away better informed.

After exploring several opportunities, we seized upon a few which were felt to be within our scope of possible accomplishment.

During June and July, winning entries from the "On the Road to Good Health" Poster/Essay Contest were displayed at the Science Museum. Since this exhibit coincided with the opening of African Hall, several hundred people were coming to the museum daily. The auxiliary honored local award-winning students at a reception.

Several membership activities punctuated the year. In a campaign to keep present members active and to recruit new ones, several members sponsored regional coffees and provided pleasant social interludes for small groups. Under Audrey Rich's direction, hostesses included Joan Guardione, Jean Medrek, Estelle Shammash, Robin Cossin, JoAnn Macchiaroli, Barbara Taylor, Gretchen Clarke and Kathy Mouchantat.

Other social events included a Victorian Tea Party at the home of Maria Rousou. Carrol-Jean Yorzyk and her phenomenal committee surrounded us with seasonal Winter displays as we immersed ourselves at an authentic English Tea.

The Medical Society solicited our participation in six of their committees. Auxilians serving were Jane Condon on Executive; Ginny Walthall and Kathy Lovell on Public Health; Bobbie O'Neill on Legislative; Audrey Rich on Membership; Polly Miller on Publications and Jean Medrek on Public Relations. These auxilians served in

similar capacities in the auxiliary.

A championship effort for this year's Scholarship Fund Drive was led by Diane Goodman. The success will allow us to bestow an additional \$500 scholarship. JoAnn Macchiaroli is assembling her committee to evaluate a record number of over 150 candidate applications.

In response to "Shape Up For Life" program, we learned about the Hospice Movement and CPR. These programs stimulated a good response, for several members then elected to participate in the CPR training program at Mercy Hospital.

When the Science Museum staff requested that the Auxiliary design a kit to teach about the heart and heart fitness, several auxiliaries, guided by Ginny Walthall, pooled their talents and resources to embark upon the venture. The HEART KIT introduces students in grades 3-6 to the heart and circulatory systems. It is distributed to schools upon request. Members who contributed generously to this project included Jane Condon, Margaret Daly, Ellen Godek, Joanne Janovsky, Jean Medrek, Polly Miller and Lorraine Penhos.

Activities at the Science Museum highlighting the year included the development of a display on Pacemakers, as yet, currently unveiled. Additional community health projects include the maintenance of the established Touch and See Room. In conjunction with the upcoming state-wide "Make It Click" campaign, we are joining the Safety Council of Western Massachusetts in constructing a display on child seat belt restraints.

The Auxiliary distributed public service announcements to eight local radio stations. These featured Julia Child and Red Auerbach who discussed staying "On the Road To Good Health".



*Dickinson-Streeter*  
*Funeral Service*

305 STATE ST., SPRINGFIELD, MASS.  
Earle C. Bradley      Alfred J. Gay

PATRONIZE OUR  
ADVERTISERS  
AND MENTION  
"THE HAMPDEN  
HIPPOCRAT"

In accord with our strong identity recognized in the community, the Auxiliary has adopted its own seal. The LOGO offers a contemporary, artistic way to identify us.

With your staunch support, we have accomplished much. We've learned alot about ourselves. James Russell Lowell stated, "All the beautiful sentiments in the world weigh less than a single lovely action." You accepted the challenges and problems of the organization by rising to meet them and working to solve them. Working together, we have become good friends. On a personal basis, I consider it a privilege to have served as president and as a member of your committees. Many thanks to the individuals of the board and membership for their dedication, devotion, energy, patience and support. □

Helen K. Gallivan

---

## CLASSIFIED

---

**Vacation rental — Hilton Head Island, South Carolina. Large 2 bedroom condominium, fully equipped with laundry, for weekly or daily (minimum 3 days) rental in Palmetto Dunes Resort, on the beach; swimming pool, 2 golf courses, 22 tennis courts, fishing, canoeing. Facilities at Hyatt Hotel next door available at no extra charge. Call 536-6017 in evenings.**

---

### SUMMER RENTAL

Family home in historic district of Vineyard Haven. 4 bedrooms sleep 6. 2 baths, TV, washer. Adjacent to tennis courts. Walking distance to stores, ferry, town beach. Season or half-season.

Carlyle Cronig (617) 693-0394

### MARTHA'S VINEYARD

HDMS office (413) 736-0661

**Henderson's  
Funeral Home**

Space available on part time rental basis in new medical office building at Providence Hospital. Call Dr. G. Shah at 536-1711 or Matthew Pszeniczny at 536-5111, Ext. 2335.

## MEDICAID CROSSROADS

On 11 March the State Joint Legislative Committee reported favorably on a bill, H-383, submitted by the Massachusetts Medical Society which will eliminate the 15% cut in Medicaid reimbursement to physicians. To quote the MMS Legislative Bulletin: "the Society filed the Legislation to help reduce health care costs. By adjusting the fees it is hoped to attract more physicians to the program and direct more patients to physicians' offices instead of more expensive hospital outpatient departments and emergency rooms."

At the same time, we have been asked to review an application for designation by the State Health Planning and Development Agency, from which I quote: "The Massachusetts Medicaid Program is taking steps to convert its historically open-ended medical care delivery and payment system to a configuration in which all medicaid recipients belong to a "Managed Health Care Plan," such as an HMO. One aspect of this change involves a proposal in which a consortium of hospitals would take over the complete management of the health care needs of Medicaid recipients in the City of Boston."

The above two efforts represent a dichotomy of purpose. The MMS sponsored Legislation is aimed at getting the Medicaid patient back into the private physicians' offices at a more favorable level of reimbursement. The State plan would have the effect of shifting these patients into hospital based clinics, HMOs and community health centers.

There is some humor in all this when one considers that the original "raison d'etre" of the 1965 Medicaid Legislation was to provide the medically indigent with "first class" care by allowing them their free choice of providers, to be reimbursed fully, and at "reasonable" levels by the government! The pendulum does swing, even in short enough strokes to be observed by an author as young as I. The State plan would have the effect of returning the care of the medically indigent to essentially the same settings that existed prior to 1965.

I would like to draw a parallel between this problem and another aspect of medical care that has evolved over the past thirty years. Within the memories of many of us, the "Family Doctor" as we used to know him either died or changed his practice patterns. As this occurred, patients began to find that when they called their doctor at 11:00 P.M. they were referred by an answering service to the emergency room. When the ERs started getting too busy we set up a roster system to cover them. Many of us promptly became disenchanted with this arrangement, in response to which we actively encouraged the hospitals and insurers to subsidize physicians who were willing to assume the thankless role of covering the emergency rooms. Now look what we have done!

I am not sure which approach to the Medicaid system is better for patients and physicians. Some of you have told me that you would be glad to have the medically indigent return to the clinic setting and yet others tell me that the medically indigent should be cared for under

the fee for-service office setting, with all efforts made to improve the reimbursement levels and program administration.

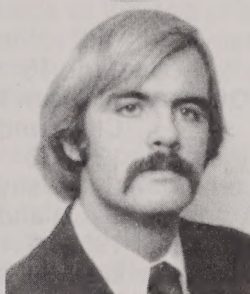
Your State Medical Society has to know what its members want. I have recommended to the Massachusetts Medical Society that they encourage each District to canvass its members for direction. In this way your State Society will have a mandate for action.

The next loose-leaf bulletin of the Hampden District Society will contain a tear-off slip which will contain your "vote" on this issue. Please respond so that your Councilors and officers will know what you want. ☐

J.J. Siragusa, M.D.

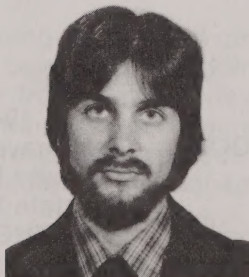
## NEW MEMBERS

**Clayland F. Cox, M.D.**  
130 Maple Street  
Springfield, Mass. 01103



|                        |                                                 |
|------------------------|-------------------------------------------------|
| <b>BORN:</b>           | February 28, 1949                               |
| <b>MEDICAL SCHOOL:</b> | Autonomous University of Guadalajara<br>1972-74 |
|                        | New York Medical College 1974-76                |
| <b>INTERNSHIP:</b>     | Misericordia Hospital 1976-77                   |
| <b>RESIDENCY:</b>      | Misericordra Hospital 1977-79                   |
| <b>FELLOWSHIP:</b>     | New York Medical College 1979-81                |
| <b>SPECIALTY:</b>      | INTERNAL<br>MEDICINE/GASTROENTEROLOGY           |

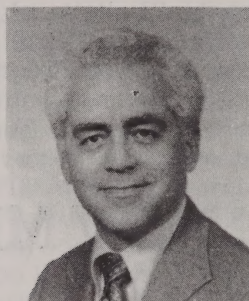
**Brian Toole, M.D.**  
759 Chestnut Street  
Springfield, Mass. 01107



|                |                                        |
|----------------|----------------------------------------|
| <b>BORN:</b>   | January 4, 1954                        |
| <b>PREMED:</b> | Pennsylvannia State University 1971-74 |

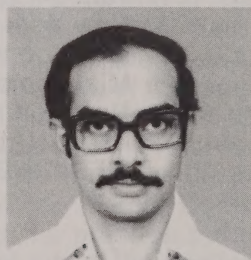
**MEDICAL SCHOOL:** Temple University School of Medicine  
1975-79  
**INTERNSHIP:** Baystate Medical Center 1979-80  
**RESIDENCY:** Baystate Medical Center 1980-present time  
**SPECIALTY:** OBSTETRICS/GYNECOLOGY

**Martin I. Broder, M.D.**  
759 Chestnut Street  
Springfield, Mass. 01107



**BORN:** June 15, 1936  
**MEDICAL SCHOOL:** Western Reserve University 1957-61  
**INTERNSHIP:** Cleveland Metropolitan General Hospital  
1961-62  
**RESIDENCY:** University of Chicago Hospital 1962-63  
Cleveland Metropolitan General Hospital  
1963-65  
**FELLOWSHIP:** Clinical Cardiology/Institute of Cardiology  
University of London 1965-66  
**SPECIALTY:** INTERNAL MEDICINE/CARDIOLOGY

**Prasad R. Kilaru, M.D.**  
Boylston Street  
Springfield, Mass. 01104



**BORN:** July 1, 1947  
**MEDICAL SCHOOL:** Rangaraya Medical College, India 1966-73  
**INTERNSHIP:** Baystate Medical Center 1976-79  
**RESIDENCY:** Baystate Medical Center 1976-79  
**SPECIALTY:** ANESTHESIOLOGY  
**FELLOWSHIP:** Children's Hospital Medical Center

# Who Should Balance Out Your Pegboard Each Day?

For practices not on computer, the pegboard system of patient accounting and billing is by far the best. It puts most of the billing functions, at least for office practice, at the receptionist's station and lessens the workload imposed on the business staff. It also has the strong advantage of being "self-checking" since the various columns should total up and balance out to prove, at least on the surface, that all entries were correct.

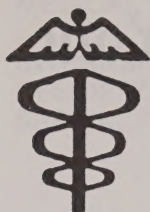
Many office managers consider it their own responsibility to add up and balance the pegboard or pegboards at the end of each day. Their logic is partly that they can thus monitor the employees' performance and perhaps prevent any inclinations to embezzle. We do not agree that the daily closeouts should be the office manager's job.

Just like bank tellers, each person responsible for handling a pegboard should be responsible to add up the columns, make the daily datings and reconcile the totals. The adding machine tapes used in those processes should be stapled to the pegboard sheets involved, and the sheets should then be delivered to a designated employee. That individual may be the bookkeeper, a senior business assistant or the manager, depending on the number and composition of employees, who then must check and approve the balancing efforts.

Totaling and balancing pegboard columns is a clerical task not requiring the highest paid employee's time. While it may be comforting for the manager to handle it each day, he/she is not really accomplishing any real service worthy of his/her attention. The manager should of course review the sheets periodically to keep all staff alert and to stay attuned to actual performance, but that obligation hardly justifies his/her spending daily clerical time.

A pegboard system calls for totalling the vertical columns and also making some additional horizontal calculations. Adding and/or subtracting certain column totals to or from previous day totals allows one to maintain a "running" accounts receivable figure, for example. The calculations should also be the responsible person's duty at days end so the information can be available for the manager to evaluate and report. □





# **hampden county**

## **nursing services**

### **OFFICE NURSES**

**RN'S • LPN'S • MEDICAL ASSISTANTS**

Office experienced and trained nurses available twenty-four hours a day, seven days a week, for long or short term assignments.

Private duty nurses available on an "as needed" basis. All personnel are covered with worker's compensation, malpractice and bonding.

**737-6756**

**RN'S, LPN'S, NURSES AIDES, COMPANIONS**  
**24 Hours a Day, 7 Days a Week**

*"SPRINGFIELD'S PROFESSIONAL NURSING SERVICES"*  
287 State Street, Springfield, MA

## **FOR LEASE**

### **MEDICAL OFFICE SUITES**

**THE CATHERINE HORAN  
MEDICAL BUILDING ON THE CAMPUS  
OF THE PROVIDENCE HOSPITAL  
HOLYOKE, MASS.**

- Suites Developed to suit Tenant Requirements
- Investment and Time Sharing Opportunity Available

**CONTACT -**  
**SAMUEL D. PLOTKIN AND ASSOCIATES, INC.**  
1500 Main Street P.O. Box 454  
Springfield, MA 01101  
TEL. (413) 732-2158

## Space now available

Memorial Square Medical Center, 2150 Main Street, Springfield, A distinctive new completely renovated office building. Easily accessible to the Greater Springfield Area via I 91 and 291. Laboratory, Radiology and Drugstore on premises. Located only minutes from the three major hospitals. This prime real estate property will be leasing to physicians. Space available is presently over 55% committed.

**For additional information please call**

**Salvatore Tassone, Business Manager**  
413-739-5676

**Springfield Medical Associates, Inc.**  
125 Liberty Street  
Springfield, Massachusetts 01103

CUSTOM FITTED ORTHOSIS

PHYSICIANS SUPPLIES

SALES  
RENTALS  
DELIVERY



719 Main St.  
Agawam, Mass. 01001  
(413) 789-1100

- \*Emergency Medical Equipment
- \*T.E.N.S.
- \*Professional Office Furniture and Equipment
- \*Authorized Jobst Dealer

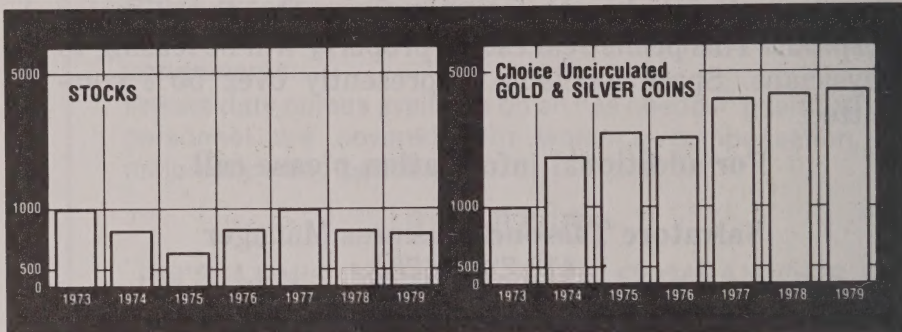
- OSTOMY SUPPLIES
- HOSPITAL BEDS
- WHEEL CHAIRS
- COMMODORES
- SURGICAL GARMENTS
- EXERCISE EQUIPMENT

- TRACTION EQUIPMENT
- WALKERS
- LEG BRACES
- IPP BREATHING MACHINES
- BREAST PROSTHESIS
- WHIRLPOOLS

"We Deliver"

TRY US FIRST

# Dramatic gains with RARE COINS



The prudent, far-sighted individual who invested one thousand dollars in choice uncirculated gold and silver coins in 1973 was rewarded with a dramatic 400% increase in appreciation over a six-year period.

Less fortunate was the individual who took the more traditional investment route—the stock market. Of course, some selected stocks fared better than the D-J but they were few and far between.

Not so with rare coins!

Obviously rare coins must be selected with care and by knowledgeable people. At Tallarico Rare Coins, Inc., we are specialists in rare coins, we are experienced and well-established. Our business is to

create sound investment programs for individuals, companies and institutions, and we offer the following advisory services:

- rare coins as part of pension and profit sharing plans
- personal rare coin investment portfolios

- coin appraisals

Investing in rare coins is sound investing ... and we should know. Want the facts? Call or write us today. No program is too small—or too extensive—to challenge us.

We would be pleased to send you a complimentary copy of our newsletter "Coin Talk".

- ☐ Please contact me to discuss investments in rare coins
- ☐ Send me a copy of "Coin Talk"

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone: (Home) \_\_\_\_\_

(Office) \_\_\_\_\_



## Tallarico Rare Coins, Inc.

20 Maple Street, Springfield, Massachusetts 01103  
Phone: (413) 737-3382